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PTQ/SB/21 (05-03) Approved for use through 04/30/2003. OMB 0651-0031

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		Application Number	10/613,593								
(پر	TOANOMITTAL	Filing Date	July 2, 20	003							
O TO	TRANSMITTAI	First Named Inventor	WHAYNE	, JAMES G.							
WE.	FORM	Group Art Unit	3731								
	(to be used for all correspondence after in	itial filing)	Examiner Name	MENDOZA, MICHAEL G.							
	Total Number of Pages in This Submiss	ion	Attorney Docket Number	CNVG-007CON2							
ENCLOSURES (check all that apply)											
	Fee Transmittal Form USPTO Credit Card Form 2038	(for ar			After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences						
	Response to Office Action Terminal Disclaimer		Licensing-related Papers Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)						
	Extension of Time Request Express Abandonment Request		Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address		Proprietary Information						
		1 [Status Letter						
	Information Disclosure Statement Certified Copy of Priority			\boxtimes	Return postcard						
	Documents	Reque	est for Refund								
	Response to Missing Parts/ Incomplete Application	CD, N	umber of CD(s								
	Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks									
AND THE OF ARRIVANT ATTORNEY OR ACENT											
\vdash	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Signing Attorney/Agent (Reg. No.) CAROL M. LASALLE, 39,740 BOZIBEVIC, FIELD & FRANC			Ρ								
Signatu	ire with to	la									
Date March 10, 2006											

EXPRESS MAIL LABEL NO. EV 687 636 942 US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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		Effective on 12/08/20	004.	Complete if Known								
PE	Fees pursuant to the C				13,593							
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R 1 0 20	06)	For FY 20			First Named Inve		YNE, JAME					
.,	81	Examiner Name		MENDOZA, MICHAEL G.								
	Applicant claims	Art Unit	3731	3731								
TRADEM	TOTAL AMOUNT O	F PAYMENT (\$	No. CNV	G-007CON2								
	METHOD OF PAYMENT (check all that apply)											
	Check Credit Card Money Order None Other (please identify):											
	Deposit Account Deposit Account Number: 50-0815 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
	FEE CALCULA		EVALUNATION	FFFC				. .				
	1. BASIC FILING,		G FEES		RCH FEES	EXAMINAT	ION FEES					
			Small Entity	OLA	Small Entity		Small Entity					
	Application Type	Fee (\$)	<u>Fee (\$)</u> . 150	Fee (\$) 500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	Fee (\$) 100	Fees Paid (\$)				
	Utility Design	300 200	100	100	50 50	130	65					
	Plant	200	100	300	150	160	80					
	Reissue	300	150	500	250	600	300					
	Provisional	200	100	0	0	0	0					
	2. EXCESS CLAIM Fee Description Each claim over 20	or, for Reissues, ea	ch claim over 20 a	and mor	e than in the origi	nal patent	<u>Fee</u> 50	25				
	Each independent cl Multiple dependent		Reissues, each ind	epender	nt claim more than		360	180				
	Total Claims	Extra (Claims Fee	<u>(\$)</u> =	Fee Paid (\$)	Multiple D Fee (\$)	ependent Cla Fee Paid					
	HP = highest numb	er of total claims paid	for, if greater than 20)				7.41				
	Indep. Claims -	<u>Extra (</u> 3 or HP =	x		Fee Paid (\$)							
	HP = highest numb	per of independent clai	ms paid for, if greater	r than 3								
۲	3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 Number of each additional 50 or fraction thereof (round up to a whole number) Fee (\$) Fee Paid (\$)											
	- 1	100 =	/ 50 =		_ (round up to a v	vhole number)	х					
	4. OTHER FEE(S))						Fee Paid (\$)				
	Non-English Specification, \$130 fee (no small entity discount)											
	Other: Terminal Disclaimer fee under 37 CFR 1.20(d)—small entity 65.00											
	SUBMITTED BY		/									
	Signature	12001	Halen		tration No. ey/Agent) 39,74	0	Telephone	(650) 327-3400				
	Name (Print/Type)	Date 03/10	Date 03/10/2006									
		Carol M. La Sal						thick is to file (and but the				

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